HIV/AIDS Education Project

Iowa HIV

TRAINING & EDUCATION NEEDS ASSESSMENT:

2002 Summary Report for Secondary and Elementary Schools

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Iowa HIV Training and Education Needs Assessment 2000-02

Summary Report for Elementary and Secondary Schools

A *needs assessment* has been defined as "the process of determining, analyzing, and prioritizing needs and, in turn, identifying and implementing solution strategies to resolve high-priority needs" (Altschuld & Witkin, 2000). In 1999 we began work on a needs assessment in the area of HIV training and education for Iowa's schools. This utilized results from four instruments: (1) the 1997 Iowa Youth Risk Behavior Survey (YRBS), (2) the 2000 Iowa School Health Education Profile (SHEP), (3) an instrument developed for secondary (middle and high) schools, and (4) an instrument developed for elementary schools, to assess needs not measured by either the YRBS or the SHEP related to HIV training and education. This report is a summary of the data obtained from all four of these instruments.

Preliminary Needs Assessment: 1997 Iowa YRBS and 2000 Iowa SHEP

The questions relating to HIV training and/or education in the 1997 Youth Risk Behavior Survey (YRBS) and the 2000 School Health Education Profile (SHEP) provide a basis for thinking about HIV needs for Iowa's secondary schools in 2002. The YRBS may be viewed as a needs assessment from the standpoint of high school students in Iowa, while the SHEP may be considered a needs assessment from the perspective of the middle, junior high, and senior high school principals and lead health education teachers. These surveys were not specifically designed to be *HIV training/education needs assessments*, however, and therefore provided somewhat limited data in that regard.

It should be noted that both of these surveys produced "weighted" results. Thus, the YRBS data generalize to all Iowa high school students,[1] while the SHEP data generalize to all middle, junior high, and senior high school principals and lead health education teachers in the state. Thus, the quality of the data from these surveys is quite high. These results are briefly summarized below.

1997 Iowa YRBS Results Relating to HIV Training/Education

The following results from the 1997 Iowa YRBS relate to needs regarding HIV education among senior high school students in the state:

- About 92% of students had been taught about AIDS or HIV infection in school.
- About 56% of students indicated they had talked about AIDS or HIV with parents or other adults in their family. The percentage who talked about AIDS or HIV with parents or adults was higher for female students than for males.
- About 43 out of 100 students indicated they had sexual intercourse at some time in their lives. Percentagewise, more students in Grades 10-12 indicated that they had engaged in sexual intercourse than those in the 9th grade; more students in Grades 11 and 12 so indicated than those in 9th and 10th grade.
- About 4% of students indicated they had sexual intercourse for the first time prior to age 13. Percentagewise, more males than females indicated they had sexual intercourse before age 13.

[1] The 1999 and 2001 Iowa YRBS were conducted for (I) regular (traditional) and (ii) alternative high schools. However, none of these sets of results were weighted, since the response rates were insufficient. The results from these surveys may officially be used only for describing the risk behaviors reported by students in the schools participating—not the entire state. Thus, the 1997 Iowa YRBS results were used since they generalize to all Iowa high school students in that year. The fact that this YRBS was conducted five years ago somewhat limits the value of these data.

- About 13% of students indicated they had sexual intercourse with four or more people during their lives. Percentagewise, more students in Grades 11 and 12 had intercourse with four or more people than those in Grades 9 and 10, respectively.
- About one-third of students indicated they had sexual intercourse during the past three months. Percentagewise, fewer 9th grade students than those in the higher grades indicated they had sexual intercourse during the past three months; more 12th grade students than those in Grade 10 so indicated.

Thus, according to the students themselves most had received some HIV/AIDS education in school, over half were communicating with their parents or adults about HIV/AIDS, but many were involved in risky behaviors that could lead to HIV infection and/or AIDS.

2000 Iowa SHEP Results Relating to HIV Training/Education

The following results from the 2000 Iowa SHEP relate to HIV training and/or education among principals and teachers in middle, junior high, and senior high schools in the state:

- A little under one-half (49%) of the schools have a written policy protecting the rights of students/staff with HIV or AIDS. At least 85% of the principals indicated these policies included worksite safety, maintaining confidentiality, implementing the HIV policy, protecting HIV-infected students/staff from discrimination, attendance of students with HIV infection/AIDS, procedures for implementing the policy, and adequate training for school staff. Somewhat fewer indicated confidential counseling for HIV-infected students and communication of policy to students, school staff, and parents were included.
- It was estimated that 98% of schools in Iowa with grades 6-12 taught HIV infection/AIDS in 2000 as part of required health education courses.
- In 1998, HIV/AIDS education was primarily taught in 7th and 8th grades (middle school), 7th - 10th grades (junior/senior high), and 9th and 10th grades (senior high). Fewer than 50% indicated that HIV/AIDS was taught in Grade 12. (This question was not asked in the 2000 SHEP.)
- How HIV is transmitted, how HIV affects the human body, sexual abstinence as the most effective prevention method, the number of young people who get HIV, and the influence of alcohol and other drugs on HIV infection risk behaviors were topics most frequently mentioned as being taught as part of HIV prevention/AIDS education.
- HIV prevention (in senior high school) was among the more frequently selected types of inservice training (41%), as well as among the more frequently selected types of training LHETs indicated they would like to receive (56%).

Additional Questions

The 1997 Iowa YRBS and 2000 Iowa SHEP provide an information basis for the HIV needs assessment. However, these surveys were not specifically developed to provide information for an HIV training/education needs assessment. Additional questions to be addressed include:

- What specific curricula do lead health education teachers use in teaching students about HIV prevention?
- On what specific topics are lead health education teachers providing information/education in the areas of basic facts, skill development, and attitude development regarding HIV prevention?

- Did lead health education teachers complete the entire HIV prevention curriculum? If not, why was it not completed?
- What teaching strategies or classroom activities were used?
- What methods were used to help students gain experience with HIV risk reduction?
- How comfortable were the lead health education teachers in discussing or teaching students about the various aspects of HIV or pregnancy prevention?
- How recent was the lead health education teacher's HIV curriculum training, what was the specific curriculum training, and by whom was it provided?
- In what areas of basic facts, skill development, and attitude development do lead health education teachers need more HIV training?
- How far would the lead health education teachers be willing to travel to get this training?
- Are parental permission letters sent out prior to teaching about HIV infection or AIDS?
- Are parents involved in the lessons on HIV infection or AIDS (e.g., family assignments)?
- Is information about HIV infection or AIDS provided the parents?

An instrument was developed by the author and Sara Peterson of the HIV/AIDS Education Project at the Iowa Department of Education, in consultation with HIV and health professionals in Des Moines, evaluation consultants at the Centers of Disease Control and Prevention (CDC), and educators from middle and high schools in Iowa to address the above questions, *inter alia*. It was used in conducting the 1999-2000 Iowa HIV training/education needs assessment for middle, junior/senior high, and senior high (secondary) schools. The instrument was field tested with a small sample of health education teachers in the Des Moines area. Revisions were made based on the feedback from this field test. This instrument was further revised to conduct the 2000-01 Iowa HIV training/education needs assessment for elementary schools. (See Appendixes A and B for the secondary and elementary school needs assessment instruments, respectively.)

Sampling

1. Secondary Schools

The HIV needs assessment for secondary schools was conducted simultaneously with the 2000 Iowa School Health Education Profile (SHEP) (Veale, 2001a). Schools were selected for the SHEP using systematic equal probability sampling with a random start. *PCSchool*, software provided by Westat, Inc., was used to select the sample of 349 from a sampling frame consisting of all 673 schools. *The HIV needs assessment sample consisted of all remaining schools*. By subtraction, this yielded 324 (= 673 - 349) schools—slightly under 50% of the number of schools in the population. Two of these were determined to be ineligible, which yielded a total sample of 322 eligible schools. This "random partition" of the sampling frame or population was judged to be the most efficient way to conduct both samples and the process was verified by Westat.

The superintendents and principals in the schools sampled were then contacted. A cover letter was sent to each, along with a copy of the survey. The principal was asked to select one lead health education teacher (LHET) to complete the survey in the school. This was to have been someone who was in charge of health education in the school. Usable data were received from 275 out of 322 eligible sampled schools. This yielded a response rate for the HIV needs assessment survey of 85.4%. This response rate was well above the minimum (70%) set by the CDC for making inferences about the populations and ensures the generalizability of the results to all schools at these grade levels in Iowa.

Moreover, this very high response rate was taken as evidence that the lead health education teachers in Iowa (and their principals) valued the information that was being gathered via the survey. The sample nearly perfectly reflected the population in terms of the percentages of middle schools, junior high, and senior high schools.

2. Elementary schools

Schools were selected for the HIV needs assessment for elementary schools using systematic equal probability sampling with a random start. *PCSchool*, software provided by Westat, Inc., was used to select the sample of 328 from a sampling frame consisting of the 845 elementary schools in Iowa. Five of the 328 schools selected were found to be ineligible for various reasons. This yielded a total possible sample size of 323 eligible schools.

The superintendents and principals in the schools sampled were then contacted. A cover letter was sent to each, along with a copy of the survey. The principal was asked to select one lead health education teacher (LHET) to complete the survey in the school. This was intended to be someone who was in charge of health education in the school. In some cases, the survey was apparently copied and multiple surveys were completed for a school. (See the section on "Handling Multiple Surveys per School" in Veale (2001b).)

Usable data were received from 195 out of 323 eligible sampled schools. This yielded a response rate for the HIV needs assessment survey of 60.4%. This response rate was below the minimum (70%) set by the CDC for making inferences about the populations sampled using simple random (or systematic random) sampling. The data can be used to describe the sample, which comprises just under one-quarter of the population of elementary schools in Iowa.

Results: Summary of HIV Training/Education Needs

In this summary, we will focus on questions most relevant to analyzing the HIV training and education needs of the secondary and elementary schools in Iowa. The analysis consists of four components, as follows:

- comparison of the results of Questions 2, 3, and 4 with Questions 10, 11, and 12 (11, 12, and 13 in the elementary survey) on the topics on which HIV training/education is provided and perceived as needed, respectively;
- results from Question 8 (9 in the elementary survey) on the teacher's "comfort" level with various HIV-related topics;
- results on Questions 14-16 (15-17 in the elementary survey) dealing with parental involvement in the HIV curriculum;
- results on Question 25 (26 in the elementary survey) regarding the emphasis on information versus skills and practice in teaching about HIV prevention.

The approach to needs assessment analysis used in this component is similar to "discrepancy analysis" where two types of responses are compared — *what is* (being done) and *what should be* (or is required or desired) (Altschuld & Witkin, 2000). For responses to the other questions on the instrument, please see the full reports on the secondary and elementary HIV needs assessments (Veale, 2000 and 2001b).

1. Comparison: Topics on which HIV Education/Training is Provided and Topics on which it is Needed

Secondary Schools

In our middle/high school survey, the "what is" concerning HIV curriculum was measured in Questions 2, 3, and 4, while the "what should be (is required, desired)" was measured in Questions 10, 11, and 12. It was assumed that if the respondent indicated that training was needed in a particular curricular

area that this was either "required" or "desired" by the respondent to help them to deliver that information, develop that skill, or foster that attitude in the students.

Comparing the results of Question 2 with those of Question 10, there were three topics most frequently selected in each: "Injection drug use and HIV," "Facts about HIV and HIV prevention," and "Facts about other STDs and prevention." This probably indicates a need for updates in these areas. On the other hand, "HIV and the use of alcohol and other drugs" and "Safer sex facts" were not frequently selected topics on which information/education was provided but were frequently selected topics on which training was needed. These are areas in which the need for more comprehensive training is indicated.

Comparing the results of Question 3 with those of Question 11, it is interesting to note that there was nearly perfect agreement on the topics "Talking with parents," "Handling high risk situations," "Partner communication skills ...," "Nonverbal skills used for refusing sex," and "Negotiation skills used for refusing sex," which were all frequently selected in both questions. This probably indicates a need for updates in these areas. On the other hand, "Cleaning needles and syringes" was frequently selected as an area in which training was needed, but on which few were providing information or education. This is an area in which there is an indication of a need for more comprehensive training.

Finally, comparing the results of Question 4 with those of Question 12, there were two topics frequently selected in each: "Realistic portrayal of the health and lifestyle impact of AIDS" and "Perceived vulnerability to STDs, including HIV/AIDS." This probably indicates a need for updates in these areas. On the other hand, "Gender orientation issues" was the most frequently selected as an area in which training was needed, but on which relatively few were providing information or education. This is an area in which there is an indication of a need for more comprehensive training.

Elementary Schools

In our elementary school survey, the "what is" concerning HIV prevention education was measured in Questions 2, 3, and 4, while the "what should be (is required, desired)" was measured in Questions 11, 12, and 13. As in the secondary school survey, it was assumed that if the respondent indicated that training was needed in a particular area that this was either "required" or "desired" by the respondent to help them to deliver that information, develop that skill, or foster that attitude in the students.

Comparing the results of Question 2 with those of Question 11, there were three topics most frequently selected in each: "Facts about HIV and HIV prevention," "Injection drug use and HIV," and "HIV and the use of alcohol and other drugs." This probably indicates a need for updates in these basic facts areas.

Comparing the results of Question 3 with those of Question 12, "Handling high risk situations" and "Nonverbal skills used for refusing inappropriate touch" were frequently selected on both questions. This probably indicates a need for updates in these areas. A different prescription was indicated with regard to "Use of local health clinics," which was frequently selected as an area in which training was needed, but on which few were currently providing information or education. This is a skill area in which there is an indication of a need for more comprehensive training.

Comparing the results of Question 4 with those of Question 13, "Realistic portrayal of the health and lifestyle impact of AIDS" and "Realistic portrayal of the long-term impact ..." were fairly frequently selected on both questions. This probably indicates a need for updates in these areas. A different prescription was indicated in regard to "Gender orientation issues," which was the most frequently selected as an area in which training was needed, but on which relatively few were currently providing information or education. This is an attitudinal area in which there is an indication of a need for more comprehensive training.

Finally, at least one respondent (a school nurse) viewed the completion of this survey as a learning experience. This person commented: "*This (survey) has shown me that we probably could do so much more*." This statement indicated a discrepancy between what is presently being done in that school and what could be done — in the area of HIV/AIDS prevention education. Hopefully, each

respondent gained some information from the survey that they can use to direct and enhance their HIV education programs.

2. Comfort Level Regarding HIV-related Topics

Secondary Schools

The sample mean of the average scores on the 18 sub-items of Question 8 was 3.41. Thus, on the average, LHETs were somewhere about midway between "Somewhat Comfortable" and "Very Comfortable" on these questions — their overall "comfort level" on these topics.

The only topic (sub-item) on which the LHETs averaged lower than 3 ("Somewhat Comfortable") was "Gender orientation issues." Also, on "Basic facts about condoms" they averaged only slightly above 3 ("Somewhat Comfortable"). These are two of the more sensitive issues related to HIV prevention and education. There is a need to raise the comfort level of the lead health education teachers on these topics.

Elementary Schools

The numeric value 2.5 may be interpreted as the midpoint of this comfort scale — midway between "Somewhat uncomfortable" (2) and "Somewhat comfortable" (3). The only two sub-items in Question 9 that had mean scores less than 2.5 were "Basic facts about condoms" and "Gender orientation issues." These are two of the more sensitive issues related to HIV prevention and education. As with secondary schools, there is a need to raise the comfort level of the lead health education teachers in the participating elementary schools on these topics.

3. Parental Involvement in the HIV Curriculum

Secondary Schools

Parental permission letters prior to teaching the HIV/AIDS unit were more likely to be sent to parents of middle school students (just under 50%) than to those of junior/senior high school students, who in turn were more likely to be sent such letters than parents of senior high school students — according to the lead health education teachers (LHETs) responding to the survey question. This is evidence of at least passive involvement by parents in decisions involving what schools may teach their children concerning this serious health risk, especially for parents of middle (including junior high) school students.

On the other hand, less than one in four parents received information about HIV/AIDS and only about one in six were involved in lessons on HIV/AIDS (such as family assignments). Parent or family involvement is viewed as an important factor in education (e.g., Senge et al, 2000). The parent is considered one of the three primary components of the "system" that constitutes a learning classroom and school (ibid.). This applies to HIV prevention education as with other more traditional subjects taught in the classroom. Moreover, the National Coalition for Parent Involvement in Education (1992) recommended a "comprehensive reciprocal approach to family-school partnerships" incorporating the following:

- parents and schools as communicators;
- parents and schools as supporters;
- parents and schools as learners;
- parents and schools as teachers;
- parents and schools in shared governance.

All three of the questions in the section on parent involvement in the HIV curriculum would fall into some or all of these conceptual categories. Evidently, parental involvement in the HIV curriculum is an area in which there is a need for improvement.

Elementary Schools

Over half of the responding LHETs indicated they sent permission letters to parents prior to teaching the HIV/AIDS unit. This is evidence of at least passive involvement by parents of elementary school students in decisions involving what schools may teach their children concerning this serious health risk.

On the other hand, just over one in four elementary school LHETs indicated they provided parents with information about HIV/AIDS and only about one in six indicated parents were involved in lessons on HIV/AIDS (such as family assignments). As with the secondary schools, parental involvement in HIV prevention education is an area in which there is a need for improvement among Iowa's participating elementary schools.

4. Emphasis on Information Dissemination versus Skills Development

in the HIV Curriculum and Teaching Style

Secondary Schools

Most LHETs (over half) indicated the HIV curriculum and teaching style they were using emphasized mostly information dissemination. A little over one-third indicated that the curriculum and teaching style used was about equally divided between information and skills development and practice. Since the current priority of the Centers for Disease Control and Prevention (CDC) is on increasing skills development and practice in HIV prevention, there is some evidence of need for improvement in this area.

Elementary Schools

Most LHETs (nearly two-thirds) indicated the HIV sessions and teaching style they were using emphasized mostly information dissemination (as opposed to skills and practice). As with the secondary schools, there is some evidence of need for improvement in this area among participating elementary schools.

Discussion: Prioritizing the HIV Training/Education Needs

There are a variety of approaches that have been suggested for setting priorities for the needs that have been determined and analyzed (Altschuld & Witkin, 2000). An informal prioritization of HIV training/education needs was conducted prior to the needs analysis, in consultation with Sara Peterson, HIV/AIDS consultant in the Iowa Department of Education. This yielded the four components of the analysis presented in the previous section. A more formal prioritization should be conducted using one of the aforementioned approaches by a needs assessment committee. The same group that met to plan and develop the needs assessment goals and objectives can be used to prioritize needs. This is planned as part of a follow-up to this report and as a precursor to developing strategies for taking action to reduce or resolve these needs ("post-assessment").

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APPENDIX A

1999-2000 Iowa HIV Training/Education Needs Assessment Instrument:

Secondary Schools

2000 Iowa HIV Training/Education Needs Assessment

In order to assess the training and/or education needs of lead health education teachers in the area of HIV prevention education, we request that you answer the following questions.

Please indicate the type of school and grade level of students served.

__ a. Middle school (grades: ___ to ___)
__ b. Junior/senior high school (grades: ___ to ___)
__ c. Senior high school (grades: ___ to ___)

School Name: _____ Survey ID: _____

Section 1: *HIV curriculum*

1. What curriculum do you use in teaching students about HIV prevention education? (Check all that apply.)
   __ a. Power Moves
   __ b. Be Proud Be Responsible
   __ c. Get Real About AIDS
   __ d. Reducing the Risk
   __ e. Act Smart
   __ f. Basic Facts
   __ g. Prevention Skills
   __ h. Teacher-developed curriculum
   __ I. District-developed curriculum
   __ j. Other (please write in): _____

Answer questions 2-6 concerning your HIV curriculum.

2. In which of the following *basic facts areas* have you provided information or education? (Check all that apply.)
   __ a. Facts about pregnancy prevention methods
   __ b. Facts about HIV and HIV prevention
   __ c. Facts about other STDs and prevention
   __ d. Injection drug use and HIV
   __ e. HIV and the use of alcohol and other drugs
   __ f. Facts about sexual abstinence
   __ g. Safer sex facts
   __ h. Other (please specify): _____

3. In which of the following *skill areas* have you provided information or education? (Check all that apply.)
   __ a. Partner communication skills about love, sex, protection, and relationships
   __ b. Talking with parents
   __ c. Nonverbal skills used for refusing sex
   __ d. Negotiation skills used for refusing sex
   __ e. Handling high risk situations
   __ f. Skills to obtain HIV testing/counseling
   __ g. Use of local health clinics
   __ h. Skills to acquire condoms
   __ I. Correct use of condoms
   __ j. Cleaning needles and syringes
   __ k. Other (please specify): _____

4. In which of the following *attitudinal areas* have you provided information or education? (Check all that apply.)
   - __ a. Compassion and support for people living with HIV/AIDS
   - __ b. Support and empathy for teenagers who have unwanted pregnancy
   - __ c. Perception of vulnerability to STDs, including HIV/AIDS
   - __ d. Perception of vulnerability to an unwanted pregnancy
   - __ e. Realistic portrayal of the health and lifestyle impact of AIDS
   - __ f. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
   - __ g. Gender orientation issues
   - __ h. Other (please specify): _____

5. Were you able to complete the entire HIV curriculum?
   - __ a. Yes
   - __ b. No
   - __ c. Other — infused into one or more subject areas

   If "No," what were the reasons? (Check only the most important ones.)
   - __ a. Scheduling difficulties
   - __ b. Inadequate training in curriculum
   - __ c. Lack of time due to workload
   - __ d. Not comfortable teaching about certain sensitive topics
   - __ e. Lack of administrative support
   - __ f. Concern that student would not be receptive to the curriculum
   - __ g. Concern that parents would not be supportive
   - __ h. Belief that some curriculum content/topics (e.g., prevention strategies for sexually active youth) should not be taught in public schools
   - __ I. Not enough time for students to practice skills
   - __ j. Other (please specify): _____

6. What teaching strategies or classroom activities do you use? (Check all that apply.)
   - __ a. Lecture
   - __ b. Role play
   - __ c. Brainstorming
   - __ d. Writing assignments
   - __ e. Interactive theater
   - __ f. Small group work
   - __ g. Skills modeling
   - __ h. Journaling
   - __ I. HIV positive speakers
   - __ j. Discussion
   - __ k. Case studies
   - __ l. Reading assignments
   - __ m. Peer educators
   - __ n. Group processing
   - __ o. Question box
   - __ p. Skills practice
   - __ q. Research projects (individual or group)
   - __ r. Other (please specify): _____

7. What methods do you use to help your students become more experienced in *risk reduction skills*? (Check all that apply.)
   - __ a. Peer educators
   - __ b. Skills practice
   - __ c. Interactive theater
   - __ d. Role playing
   - __ e. Journaling
   - __ f. Group processing
   - __ g. Other (please specify): _____

8. How comfortable are you in discussing or teaching about the following HIV/AIDS and pregnancy prevention topics with your students? (Circle ONE response for each topic listed.)

Topics	Very Uncomfortable (1)	Somewhat Uncomfortable (2)	Somewhat Comfortable (3)	Very Comfortable (4)
a. Basic facts about pregnancy prevention methods	1	2	3	4
b. Basic facts and statistics about STDs and HIV	1	2	3	4
c. Basic information about STD and HIV prevention	1	2	3	4
d. Sexual behaviors that transmit STDs and HIV	1	2	3	4
e. Injection drug use behaviors that transmit HIV	1	2	3	4
f. Other HIV risk behaviors (e.g., cleaning spilled blood, breast-feeding by infected mother)	1	2	3	4
g. Basic facts about sexual abstinence	1	2	3	4
h. Basic facts about safer sex	1	2	3	4
I. Communicating with parents	1	2	3	4
j. Use of local health clinics	1	2	3	4
k. Basic facts about condoms	1	2	3	4
l. Influence of alcohol and other drugs on unwanted or unprotected sex	1	2	3	4
m. HIV counseling and testing	1	2	3	4

Topics	Very Uncomfortable (1)	Somewhat Uncomfortable (2)	Somewhat Comfortable (3)	Very Comfortable (4)
n. Support and compassion for persons living with HIV/AIDS	1	2	3	4
o. Support and compassion for teenagers who have unwanted pregnancy	1	2	3	4
p. Health and lifestyle impact of AIDS	1	2	3	4
q. Long-term impact of teenage pregnancy (e.g., completing school, career choices)	1	2	3	4
r. Gender orientation issues	1	2	3	4

Section 2: *Training needs*

9. Have you received any HIV curriculum training during the past two years?
   - __ a. Yes
   - __ b. No

   If "No," go on to question 10; if "Yes":

   A. What HIV curriculum training did you receive during the past two year? (Check all that apply.)
      - __ a. Power Moves
      - __ b. Be Proud Be Responsible
      - __ c. Get Real About AIDS
      - __ d. Reducing the Risk
      - __ e. Act Smart
      - __ f. Basic Facts
      - __ g. Prevention Skills
      - __ h. Other (please write in): _____

   B. By whom was this training provided? (Check all that apply.)
      - __ a. Area Education Agency (AEA)
      - __ b. Iowa Department of Public Health
      - __ c. Iowa Department of Education
      - __ d. Community organization (Red Cross, etc.)
      - __ e. Other (please specify): _____

10. In which of the following *basic facts areas* do you need more training? (Check all that apply.)
    - __ a. Facts about pregnancy prevention methods
    - __ b. Facts about HIV and HIV prevention
    - __ c. Facts about other STDs and prevention
    - __ d. Injection drug use and HIV
    - __ e. HIV and the use of alcohol and other drugs
    - __ f. Facts about sexual abstinence
    - __ g. Safer sex facts
    - __ h. Other (please specify): _____

11. In which of the following *skill areas* do you need more training? (Check all that apply.)
    __ a. Partner communication skills about love, sex, protection, and relationships
    __ b. Talking with parents
    __ c. Nonverbal skills used for refusing sex
    __ d. Negotiation skills used for refusing sex
    __ e. Handling high risk situations
    __ f. Skills to obtain HIV testing/counseling
    __ g. Use of local health clinics
    __ h. Skills to acquire condoms
    __ I. Correct use of condoms
    __ j. Cleaning needles and syringes
    __ k. Other (please specify): _____

12. In which of the following *attitudinal areas* do you need more training? (Check all that apply.)
    __ a. Compassion and support for people living with HIV/AIDS
    __ b. Support and empathy for teenagers who have unwanted pregnancy
    __ c. Perception of vulnerability to STDs, including HIV/AIDS
    __ d. Perception of vulnerability to an unwanted pregnancy
    __ e. Realistic portrayal of the health and lifestyle impact of AIDS
    __ f. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
    __ g. Gender orientation issues
    __ h. Other (please specify): _____

13. How far would you be willing to travel for this training?
    __ a. No more than 50 miles
    __ b. No more than 100 miles
    __ c. Anywhere in the state

Section 3: *Parental involvement in the HIV curriculum*

14. Are parental permission letters sent out prior to teaching the HIV/AIDS unit?
    __ a. Yes
    __ b. No
    __ c. Not applicable

15. Are parents involved in the lessons on HIV/AIDS (e.g., via family assignments)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

    If "Yes," how are parents involved in these lessons? _____

16. Do you provide information about HIV/AIDS to parents (e.g., pamphlets or newsletters)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

Section 4: *Background information*

17. Are you responsible for teaching the entire health curriculum or individual components of the curriculum?
    __ a. Entire curriculum
    __ b. Individual component(s) (please write in): _____

18. What is your professional background area?
    __ a. Physical education
    __ b. Health education
    __ c. Social studies
    __ d. Family life education or life skills
    __ e. Science
    __ f. Nursing
    __ g. Counseling
    __ h. Other (please write in): _____

19. How long have you been teaching HIV/AIDS?
    __ a. 0 years (first year teaching HIV/AIDS)
    __ b. 1 to 2 years
    __ c. 3 to 5 years
    __ d. More than 5 years

20. What grade level are you teaching? (Check all that apply.)
    __ a. Grades 6 - 8
    __ b. Grades 9 - 12

21. How long do you spend on HIV? (Please check one.)
    __ a. Single class session
    __ b. 2 to 4 class sessions
    __ c. 5 or more class sessions

22. Has the HIV curriculum you are using been approved or adopted by the local school board? (Check one.)
    __ a. Yes
    __ b. No
    __ c. Don't know

23. What sources do you use to determine the health needs of your students? (Check all that apply.)
    __ a. Youth Risk Behavior Survey (YRBS)
    __ b. Conversations with students
    __ c. Teen pregnancy data
    __ d. STD data
    __ e. Information from counselors
    __ f. Other (please write in): _____

24. Approximately what percent of your students choose to opt out of your class or have an alternative program?
    __ a. None
    __ b. 1-10%
    __ c. More than 10% (if more, what percent? _____)

25. How is the emphasis of the HIV curriculum you are using and your teaching style divided between information dissemination and skills development? (Check one.)
    __ a. Information only
    __ b. Mostly information
    __ c. Equally divided
    __ d. Mostly skills and practice
    __ e. Skills and practice only

Thank you very much for your cooperation in completing this survey. The information you have provided will be very helpful to the Department of Education in assessing HIV training and education needs for the schools in Iowa.

APPENDIX B

2000-01 Iowa HIV Training/Education Needs Assessment Instrument:

Elementary Schools

2001 Iowa HIV Training/Education Needs Assessment

Elementary Schools

In order to assess the training and/or education needs of lead health education teachers in the area of HIV prevention education, we request that you answer the following questions.

School Name: _____ Survey ID: _____

Section 1: *HIV prevention education*

1. What materials do you use in teaching students about HIV prevention education? (Check all that apply.)
   - __ a. Act Smart
   - __ b. Basic Facts
   - __ c. Prevention Skills (e.g., verbal and nonverbal skills for risky situations)
   - __ d. Teacher-developed materials
   - __ e. District-developed materials
   - __ f. Other (please write in): _____

Answer questions 2-6 concerning HIV prevention education in your school.

2. In which of the following *basic facts areas* have you provided information or education? (Check all that apply.)
   - __ a. Facts about HIV and HIV prevention
   - __ b. Injection drug use and HIV
   - __ c. HIV and the use of alcohol and other drugs
   - __ d. Facts about sexual abstinence
   - __ e. Other (please specify): _____

3. In which of the following *skill areas* have you provided information or education? (Check all that apply.)
   - __ a. Communication skills about love, respect, and responsibility
   - __ b. Talking with parents
   - __ c. Nonverbal skills used for refusing inappropriate touch
   - __ d. Handling risky situations
   - __ e. Use of local health clinics
   - __ f. Other (please specify): _____

4. In which of the following *attitudinal areas* have you provided information or education? (Check all that apply.)
   - __ a. Compassion and support for people living with HIV/AIDS
   - __ b. Realistic portrayal of the health and lifestyle impact of AIDS
   - __ c. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
   - __ d. Gender orientation issues
   - __ e. Other (please specify): _____

5. A. Were you able to complete the HIV sessions?
   - __ a. Yes
   - __ b. No
   - __ c. Other — infused into one or more subject areas

5. (continued)

B. If "No" was selected in part A of this question, what were the reasons? (Check only the most important ones.)
__ a. Scheduling difficulties
__ b. Inadequate training in curriculum
__ c. Lack of time due to workload
__ d. Not comfortable teaching about certain sensitive topics
__ e. Lack of administrative support
__ f. Concern that student would not be receptive to the curriculum
__ g. Concern that parents would not be supportive
__ h. Belief that some curriculum content/topics should not be taught in public schools
__ I. Not enough time for students to practice skills
__ j. Other (please specify): _____

6. What teaching strategies or classroom activities do you use? (Check all that apply.)
__ a. Lecture
__ b. Role play
__ c. Brainstorming
__ d. Writing assignments
__ e. Interactive theater
__ f. Small group work
__ g. Skills modeling
__ h. Journaling
__ I. HIV positive speakers
__ j. Discussion
__ k. Case studies
__ l. Reading assignments
__ m. Peer educators
__ n. Group processing
__ o. Question box
__ p. Skills practice
__ q. Research projects (individual or group)
__ r. Other (please specify): _____

7. A. Are your HIV sessions adapted for students with special needs?
__ a. Yes
__ b. No

B. If "Yes" was selected in part A, how are the sessions adapted for these students? _____
_____

8. What methods do you use to help your students become more experienced in *risk reduction skills*? (Check all that apply.)
__ a. Peer educators
__ b. Skills practice
__ c. Interactive theater
__ d. Role playing
__ e. Journaling
__ f. Group processing
__ g. Other (please specify): _____

9. How comfortable are you in discussing or teaching about the following age appropriate HIV/AIDS topics with your students? (Circle ONE response for each topic listed.)

Topics	Very Uncomfortable (1)	Somewhat Uncomfortable (2)	Somewhat Comfortable (3)	Very Comfortable (4)
a. Basic facts and statistics about STDs and HIV	1	2	3	4
b. Basic information about STD and HIV prevention	1	2	3	4
c. Sexual behaviors that transmit STDs and HIV	1	2	3	4
d. Injection drug use behaviors that transmit HIV	1	2	3	4
e. Other HIV risk behaviors (e.g., cleaning spilled blood, breast-feeding by infected mother)	1	2	3	4
f. Basic facts about sexual abstinence	1	2	3	4
g. Communicating with parents	1	2	3	4
h. Use of local health clinics	1	2	3	4
I. Basic facts about condoms	1	2	3	4
j. Influence of alcohol and other drugs on unwanted or unprotected sex	1	2	3	4
k. HIV counseling and testing	1	2	3	4
l. Support and compassion for persons living with HIV/AIDS	1	2	3	4
m. Health and lifestyle impact of AIDS	1	2	3	4
n. Gender orientation issues	1	2	3	4

Section 2: *HIV training needs*

10. A. Have you received any HIV training during the past two years?
__ a. Yes
__ b. No

If you answered "No" to part A, go on to question 11; if "Yes":

B. What HIV training did you receive during the past two years? (Check all that apply.)
- __ a. Get Real About AIDS
- __ b. Act Smart
- __ c. Basic Facts
- __ d. Prevention Skills
- __ e. Other (please write in): _____

C. By whom was this training provided? (Check all that apply.)
- __ a. Area Education Agency (AEA)
- __ b. Iowa Department of Public Health
- __ c. Iowa Department of Education
- __ d. Community organization (Red Cross, etc.)
- __ e. Local school district
- __ f. Other (please specify): _____

11. In which of the following *basic facts areas* do you need more training? (Check all that apply.)
- __ a. Facts about HIV and HIV prevention
- __ b. Injection drug use and HIV
- __ c. HIV and the use of alcohol and other drugs
- __ d. Facts about sexual abstinence
- __ e. Other (please specify): _____

12. In which of the following *skill areas* do you need more training? (Check all that apply.)
- __ a. Communication skills about love, respect, and responsibility
- __ b. Talking with parents
- __ c. Nonverbal skills used for refusing inappropriate touch
- __ d. Handling risky situations
- __ e. Use of local health clinics
- __ f. Other (please specify): _____

13. In which of the following *attitudinal areas* do you need more training? (Check all that apply.)
- __ a. Compassion and support for people living with HIV/AIDS
- __ b. Realistic portrayal of the health and lifestyle impact of AIDS
- __ c. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
- __ d. Gender orientation issues
- __ e. Other (please specify): _____

14. How far would you be willing to travel for this training?
- __ a. No more than 50 miles
- __ b. No more than 100 miles
- __ c. Anywhere in the state

Section 3: *Parental involvement in HIV/AIDS prevention education*

15. Are parental permission letters sent out prior to teaching HIV/AIDS sessions?
- __ a. Yes
- __ b. No
- __ c. Not applicable

16. A. Are parents involved in the lessons on HIV/AIDS (e.g., via family assignments)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

    B. If you answered "Yes" in part A, how are parents involved in these lessons? _____
    _____

17. Do you provide information about HIV/AIDS to parents (e.g., pamphlets or newsletters)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

Section 4: *Background information*

18. Are you responsible for teaching the entire health curriculum or just the HIV/AIDS unit?
    __ a. Entire health curriculum
    __ b. HIV/AIDS unit

19. What is your professional background area?
    __ a. Physical education
    __ b. Health education
    __ c. Social studies
    __ d. Family life education or life skills
    __ e. Science
    __ f. Nursing
    __ g. Counseling
    __ h. Human growth and development
    __ i. Other (please write in): _____

20. How long have you been teaching HIV/AIDS?
    __ a. 0 years (first year teaching HIV/AIDS)
    __ b. 1 to 2 years
    __ c. 3 to 5 years
    __ d. More than 5 years

21. A. What grade level are you teaching HIV/AIDS? (Check all that apply.)
    __ a. Grade 1
    __ b. Grade 2
    __ c. Grade 3
    __ d. Grade 4
    __ e. Grade 5
    __ f. Grade 6
    __ g. Grade 7
    __ h. Grade 8

21. (continued)

B. At what grade level does HIV education begin in your school?

__ a. Grade 1
__ b. Grade 2
__ c. Grade 3
__ d. Grade 4
__ e. Grade 5
__ f. Grade 6
__ g. Grade 7
__ h. Grade 8

22. A. How long do you spend on HIV? (Please check one.)

__ a. Single class session
__ b. 2 to 4 class sessions
__ c. 5 or more class sessions

B. How long is a typical session? ____ minutes (Please write in.)

23. Have HIV materials and information you are using been approved or adopted by the local school board? (Check one.)

__ a. Yes
__ b. No
__ c. Don't know

24. What sources do you use to determine the health needs of your students? (Check all that apply.)

__ a. Conversations with students
__ b. Information from counselors
__ c. Other (please write in): _____

25. Approximately what percent of your students choose to opt out of your class or have an alternative program?

__ a. None
__ b. 1-2%
__ c. 3-5%
__ d. More than 5% (if more, what percent? _____)

26. How is the emphasis of the HIV sessions you are using and your teaching style divided between information dissemination and skills development? (Check one.)

__ a. Information only
__ b. Mostly information
__ c. Equally divided
__ d. Mostly skills and practice

Thank you very much for your cooperation in completing this survey. The information you have provided will be very helpful to the Department of Education in assessing HIV training and education needs for the schools in Iowa.